

**City of Arlington, Texas
Water Resource Services Department
Application for Liquid Waste Hauling Permit**

Business Name	TCEQ Registration No.
Physical Address	DOT #
City Zip	Name of Owner or Parent Corp.
Mailing Address:	Name of Operations Manager
City Zip	Business Phone FAX No.

Attach photocopy of the Owner's & Manager's Driver's Licenses
Provide the Following Specific Information on each Vehicle to be Permitted

[illegible]

*** (Attach color photograph of each vehicle)**

Indicate Type of Waste to be Transported:

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Grease	Sand/Oil	Septage	Chemical Toilet

I understand that any type of mobile treatment is prohibited with the Liquid Wastehauling Permit _____
(Initial)

List Disposal Facility Information:

Disposal Facility	Contact Person	Address	Phone	TNRCC #	NPDES #

I the undersigned hereby make application to transport liquid waste in the City of Arlington, Texas and declare to accept and abide by all pertinent ordinances and regulations in the City of Arlington, Texas. I understand that any falsification of any information submitted in the application shall be cause for termination of the liquid waste transportation permit, and that each permit shall be renewed on an annual basis.

Water Resource Services
Mailstop 09-0110
P.O. Box 90231
Arlington, TX 76004-3231
Phone: (817) 459-5902
FAX: (817) 459-5874

Date

Signature of Owner/Manager